



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**REQUEST FOR CERTIFICATION OF LICENSURE**

MISSOURI REAL ESTATE COMMISSION  
3605 MISSOURI BOULEVARD  
JEFFERSON CITY MO 65102  
OR  
PO BOX 1339  
JEFFERSON CITY, MO 65109

### General Instructions

1. For a standard certification that does NOT include school, exam or continuing education information, complete Part I -OR- if school, exam and/or continuing education information is required in addition to the standard certification, complete Part II. DO NOT COMPLETE BOTH SECTIONS.
2. Provide the necessary mailing information in Part III.
3. Attach the required fee of \$10.

FOR MREC OFFICE USE ONLY

FEE RECEIVED

### Part I - Complete only if school and exam information is not needed

I hereby request a certification of licensure from the Missouri Real Estate Commission to be sent to the address provided in Part III. I do not need the exam and school information provided.

NAME OF LICENSEE (PRINT)	LICENSE NUMBER OR SOCIAL SECURITY NUMBER
ORIGINAL OR VERIFIABLE ELECTRONIC SIGNATURE OF REQUESTOR	DATE

### Part II – Complete ONLY this portion if school, exam information or continuing education verification must be included

I hereby request a certification of licensure from the Missouri Real Estate Commission to be sent to the address provided in Part III. I understand the education and exam information will be included on the certification of licensure and I consent to the release of this information.

☐ Check here if continuing education verification is also required by nonresident state.

NAME OF LICENSEE (PRINT)	LICENSE NUMBER OR SOCIAL SECURITY NUMBER
ORIGINAL OR VERIFIABLE ELECTRONIC SIGNATURE OF LICENSEE	DATE

### THE FOLLOWING INFORMATION IS REQUIRED

### Part III – Mail, email or fax the certification to

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL	FAX NUMBER	